

Grantee State

In which state is the grantee located? Ohio
(for multiple state selections hold CTRL+Key)

Grantee Information

Grantee Name Hamilton County
Name of Organization or Department Administering Funds Community Development Department
Organizational DUNS#: 134718100
Grant Number S09-UY-39-0003
Grant Amount \$1,396,621
Identify CoC(s) in which the grantee and/or subgrantee(s) will provide HPRP assistance. OH-500 - Cincinnati/Hamilton County CoC
Identify the Field Office Columbus

HPRP Contact Name

Prefix Ms.
First Name Susan
Middle Name
Last Name Walsh
Suffix
Title Director

HPRP Contact Address

Street Address 1 138 E. Court Street
Street Address 2 Room 1002
City Cincinnati
State Ohio
ZIP Code 45202

Phone Number 513-946-8235
Format: 123-456-7890

Extension

Fax Number 513-946-8240
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Email Address Susan.Walsh@hamilton-co.org
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Report Period and Status

Select the Reporting Period for this Performance Report 07/01/09 - 09/30/09

Indicate Report Type QPR

Indicate Performance Report Status Final

Housing Relocation & Stabilization Services												
Case management	0	0	0	0	0	0	0	0	0	0	0	0
Outreach and engagement	0	0	0	0	0	0	0	0	0	0	0	0
Housing search and placement	77	77	22	22	0	0	0	0	77	77	22	22
Legal services	6	6	4	4	0	0	0	0	6	6	4	4
Credit repair	0	0	0	0	0	0	0	0	0	0	0	0
Total-Housing Relocation & Stabilization Services	83	83	26	26	0	0	0	0	83	83	26	26

Institutional Destinations						
Psychiatric hospital or other psychiatric facility	0	0.00%	0.00%	0	0.00%	0.00%
Substance abuse treatment facility or detox center	0	0.00%	0.00%	0	0.00%	0.00%
Hospital (non-psychiatric)	0	0.00%	0.00%	0	0.00%	0.00%
Jail, prison or juvenile detention facility	0	0.00%	0.00%	0	0.00%	0.00%
Foster care home or foster care group home	0	0.00%	0.00%	0	0.00%	0.00%
Total Persons Leaving for Institutional Destinations	0	100.00%	0.00%	0	100.00%	0.00%
Miscellaneous						
Other Destinations	0	0.00%	0.00%	0	0.00%	0.00%
Deceased	0	0.00%	0.00%	0	0.00%	0.00%
Don't know / refused	0	0.00%	0.00%	0	0.00%	0.00%
Missing this information	0	0.00%	0.00%	0	0.00%	0.00%
Total for Miscellaneous	0	100.00%	0.00%	0	100.00%	0.00%
TOTAL PERSONS WHO LEFT THE PROGRAM	0		0.00%	0		0.00%

Housing Outcomes of Persons Served with Homeless Assistance

In the cells below, enter the number of persons who resided in each of the destinations provided after HPRP Homeless Assistance ended, in the current quarter and the total for the grant to date.

Housing Outcomes (All Leavers Only)

Enter the number of persons who resided in each of the destinations provided after HPRP Homeless Assistance ended, in the current quarter and the total for the grant to date.

Destination	Quarter			Grant to Date		
	Persons	%	% of Total	Persons	%	% of Total
Permanent Destinations						
Permanent supportive housing for formerly homeless persons (such as SHP, S+C, or SRO Mod Rehab)	0	0.00%	0.00%	0	0.00%	0.00%
Rental by client, no housing subsidy	0	0.00%	0.00%	0	0.00%	0.00%
Rental by client, VASH housing subsidy	0	0.00%	0.00%	0	0.00%	0.00%
Rental by client, other (non-VASH) housing subsidy	0	0.00%	0.00%	0	0.00%	0.00%
Owned by client, no housing subsidy	0	0.00%	0.00%	0	0.00%	0.00%
Owned by client, with housing subsidy	0	0.00%	0.00%	0	0.00%	0.00%
Staying or living with family, permanent tenure	0	0.00%	0.00%	0	0.00%	0.00%
Staying or living with friend, permanent tenure	0	0.00%	0.00%	0	0.00%	0.00%
Total Persons Leaving for Permanent Destinations	0	100.00%	0.00%	0	100.00%	0.00%
Temporary Destinations						
Emergency shelter, including hotel or motel paid for with emergency shelter voucher	0	0.00%	0.00%	0	0.00%	0.00%
Transitional housing for homeless persons (including homeless youth)	0	0.00%	0.00%	0	0.00%	0.00%
Staying or living with family, temporary tenure	0	0.00%	0.00%	0	0.00%	0.00%
Staying or living with friend, temporary tenure	0	0.00%	0.00%	0	0.00%	0.00%
Hotel or motel paid for without emergency shelter voucher	0	0.00%	0.00%	0	0.00%	0.00%
Place not meant for human habitation	0	0.00%	0.00%	0	0.00%	0.00%
Safe Haven	0	0.00%	0.00%	0	0.00%	0.00%
Total Persons Leaving for Temporary Destinations	0	100.00%	0.00%	0	100.00%	0.00%
Institutional Destinations						
Psychiatric hospital or other psychiatric facility	0	0.00%	0.00%	0	0.00%	0.00%

Substance abuse treatment facility or detox center	0	0.00%	0.00%	0	0.00%	0.00%
Hospital (non-psychiatric)	0	0.00%	0.00%	0	0.00%	0.00%
Jail, prison or juvenile detention facility	0	0.00%	0.00%	0	0.00%	0.00%
Foster care home or foster care group home	0	0.00%	0.00%	0	0.00%	0.00%
Total Persons Leaving for Institutional Destinations	0	100.00%	0.00%	0	100.00%	0.00%
Miscellaneous						
Other Destinations	0	0.00%	0.00%	0	0.00%	0.00%
Deceased	0	0.00%	0.00%	0	0.00%	0.00%
Don't know / refused	0	0.00%	0.00%	0	0.00%	0.00%
Missing this information	0	0.00%	0.00%	0	0.00%	0.00%
Total for Miscellaneous	0	100.00%	0.00%	0	100.00%	0.00%
TOTAL PERSONS WHO LEFT THE PROGRAM	0		0.00%	0		0.00%

Expenditures by Activity

Instructions:

In the cells below, enter the amount of funds expended (costs incurred, not necessarily drawn down) for each activity type, in the current quarter and for the grant to date.

Expenditures (\$)

Financial Assistance
Housing Relocation & Stabilization Services
Data Collection & Evaluation
Administration
TOTAL

Activities	Quarter	Grant to Date	Quarter	Grant to Date	Quarter	Grant to Date
Financial Assistance	105,188	105,188			105,188	105,188
Housing Relocation & Stabilization Services	9,740	9,740			9,740	9,740
Data Collection & Evaluation						
Administration					7,244	7,244
TOTAL					122,172	122,172

Grant Allocation

Did the grantee meet the 9/30 deadline to award or enter into legally binding agreements with subgrantees?

Grantee and Subgrantee/Contractor Allocations

Activity	Amount of HPRP Funds Retained by Grantee	Amount of HPRP Funds Awarded To Subgrantee (s) / Contractor s(s)	Total
Financial Assistance		\$1,167,311.00	\$1,167,311.00
Housing Relocation and Stabilization		\$165,024.00	\$165,024.00
Data Collection and Evaluation			\$0.00
Administration	\$3,536.00	\$60,750.00	\$64,286.00
Total	\$3,536.00	\$1,393,085.00	\$1,396,621.00

HPRP Grant Amount	\$1,396,621
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Subgrantee/Contractor List Attachment

Document Type	Required?	Document Description	Date Attached
Subgrantee Attachment	Yes	Subgrantee List	10/08/2009

Attachment Details

Click on [HPRP Subgrantee List Template](#) on the left menu bar. Complete the spreadsheet, save it to your computer, and upload it to e-snaps using the [Browse](#) button. Excel and zip are the only file types allowed.

Document Description: Subgrantee List

Projected Persons and Households to be Served

Instructions:

Enter the total number of persons and households estimated to be served with HPRP Homelessness Prevention assistance and HPRP Homeless Assistance by the end of the grant period. For more instructions, click on "Instructions" on the left menu.

Total to be Served by Activity(#)

Homelessness Prevention Homeless Assistance
Total

Activities	Persons	Hshlds	Persons	Hshlds	Persons	Hshlds
Financial Assistance						
Rental assistance	685	275	0	0	685	275
Security and utility deposits	125	50	0	0	125	50
Utility payments	375	150	0	0	375	150
Moving cost assistance	10	5	0	0	10	5
Motel & hotel vouchers	0	0	0	0	0	0
Total-Financial Assistance	1,195	480	0	0	1,195	480
Housing Relocation & Stabilization Services						
Case management	0	0	0	0	0	0
Outreach and engagement	0	0	0	0	0	0
Housing search and placement	210	85	0	0	210	85
Legal services	250	100	0	0	250	100
Credit repair	10	5	0	0	10	5
Total-Housing Relocation & Stabilization Services	470	190	0	0	470	190
TOTAL TO BE SERVED	1,665	670	0	0	1,665	670

Homelessness Prevention - Other Risk Factors to be Used

For Homelessness Prevention activities, in addition to HPRP eligibility requirements, are there other risk factors that will be used to determine eligibility and/or prioritization for homelessness prevention assistance? Yes

If yes, identify the criteria to be used and provide a brief description, including how the criteria will be used (e.g. limited to only certain types of HPRP assistance or applied across all subgrantees and types of assistance) and rationale for why the criteria were chosen (limit 2500 characters).

In order to receive HPRP Prevention Assistance, a potential participant must call the Central Access Point (CAP) hotline to complete an initial screening. In addition to the HPRP eligibility requirements, the CAP Intake Specialists are screening clients with the following criteria: Has the client been a resident of an emergency shelter in the past two years as verified in VESTA (local HMIS)? Is the client newly unemployed (within the past year) due to the economic crisis (or did they just recently obtained new employment)?

We are not serving individuals who are classified as ¿chronically homeless¿ or who are participating in a supportive housing program (i.e. Shelter Plus Care, or other CoC housing programs).

The rationale for selecting these other criteria is that we are seeking to assist those most at risk of becoming homeless because of the economic downturn and those who are most likely to achieve and maintain stability with the short term financial and case management assistance. By limiting the program to families or individuals who have not stayed in a shelter in the past two years we are seeking to assist those who might be first time homeless and those most recently impacted by the economic downturn. Also, by serving those who have become unemployed in the past year and those who have been unable to secure employment we are addressing the needs of people impacted by the shortage of jobs available.

In addition to limiting the types of clients we are serving, we are limiting the types of services being offered by not offering motel/hotel voucher use for any participants. The rationale for not utilizing the hotel/motel vouchers is so that most financial assistance will be used for payments that will result in maintaining and stabilizing permanent housing.

HMIS Plan for Entering Data

Will beneficiary data be entered (or uploaded at least quarterly) into a single HMIS at the grantee level in order to generate unduplicated data for "Persons and Households Served" questions in the QPR? Yes

If yes, briefly describe the HMIS to be used and the plan to ensure data quality (completeness and accuracy)(limit 2000 characters).

The Cincinnati/Hamilton County Continuum of Care for the Homeless, Inc. (CoC) is administering the HPRP Programs for Hamilton County and the City of Cincinnati. The CoC has subcontracted with the established community HMIS provider, The Partnership Center, Ltd. to provide all HMIS required activities. The local HMIS system, VESTA, has been reprogrammed to all HUD specifications for reporting including the new HMIS Data and Technical Standards as required for HPRP. VESTA has also been programmed for the required Quarterly Performance Report (QPR) and annual Performance Report (APR) as required by HUD for reporting on HPRP.

All HPRP Prevention providers are entering information into one ¿program¿ in VESTA, in real-time ¿ so no applicant could receive services from two separate agencies. All HPRP staff is utilizing VESTA as both a case management tool and as a means for financial assistance requests. VESTA is programmed to meet the local HPRP program requirements for financial assistance requests such as receiving and storing scanned leases, eviction notices, disconnect notices, etc. Case workers are entering their case notes and services provided pertaining to housing stabilization into VESTA. The HPRP Coordinator offers oversight of the case management services and information entered in VESTA through bi-weekly peer review meetings and monthly supervision.

The Partnership Center, Ltd also provides all software licensing for HPRP programs, user training for all prevention and RRH Program users, and data review and monitoring for accuracy.

If no, briefly describe the HMIS(s) and/or other comparable client-level database(s)that will be used by one or more subgrantees and the plan to ensure data quality (completeness and accuracy)(limit 2000 characters).

Authorizing Information and Certification

The Name of the Authorized Grantee Official should be the same as submitted in the HPRP Substantial Amendment, unless there has been a change.

Name of Authorized Grantee Official Patrick Thompson
Title/Position County Administrator

I hereby certify that all the information stated herein is true and accurate. I understand that HUD will prosecute false claims and statements and that conviction may result in criminal and/or civil penalties (pursuant to 18 USC 1001, 1010, 1012; 31 USC 3729, 3802).

Check for Certification ☒

Summary

Part	Last Updated
Grantee State	No Input Required
Grantee Information	10/20/09 6:07 PM
Report Period and Status	10/20/09 6:07 PM
Persons and Households Served	10/20/09 9:13 AM
Housing Outcomes Homelessness Prevention	10/20/09 10:40 AM
Housing Outcomes Homeless Assistance	10/20/09 9:13 AM
Expenditures by Activity	10/20/09 6:21 PM
Grant Allocation	10/20/09 6:23 PM
Subgrantee/Contractor List Attachment	10/20/09 9:13 AM
Projected Persons and Households to be Served	10/20/09 10:41 AM
Homelessness Prevention Risk Factors	10/20/09 10:31 AM
HMIS Plan for Entering Data	10/20/09 10:30 AM
Authorizing Information and Certification	10/20/09 6:12 PM